

# 2013 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Print numbers like this: 0123456789 - NOT like this: 0147

**Attachment 05**

1. Filer's First Name		M.I.	Last Name		2. Filer's Social Security No. (Example: 123-45-6789)							
If a Joint Return, Spouse's First Name		M.I.	Last Name		— —							
Home Address (Number, Street, P.O. Box) If using a P.O. Box, you must complete line 45 on page 3.					3. Spouse's Social Security No. (Example: 123-45-6789)							
City or Town					State	ZIP Code						
					4. School District Code (5 digits - see p. 60)							
5. Check the box for which you or your spouse qualify (excluding dependents). If you qualify for both boxes, see instructions on page 27.												
a. <input type="checkbox"/> Age 65 or older; or an unmarried spouse of a person who was 65 or older at the time of death.			b. <input type="checkbox"/> Deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.									
6. <b>2013 FILING STATUS:</b> Check one.		7. <b>2013 RESIDENCY STATUS:</b> Check all that apply.			*If you checked box "c," enter dates of Michigan residency in 2013. Enter dates as MM-DD-YYYY (Example: 04-15-2013).							
a. <input type="checkbox"/> Single		a. <input type="checkbox"/> Resident										
b. <input type="checkbox"/> Married, Filing jointly		b. <input type="checkbox"/> Nonresident			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FILER</th> <th style="width: 50%;">SPOUSE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">FROM: — — 2013</td> <td style="text-align: center;">— — 2013</td> </tr> <tr> <td style="text-align: center;">TO: — — 2013</td> <td style="text-align: center;">— — 2013</td> </tr> </tbody> </table>		FILER	SPOUSE	FROM: — — 2013	— — 2013	TO: — — 2013	— — 2013
FILER	SPOUSE											
FROM: — — 2013	— — 2013											
TO: — — 2013	— — 2013											
c. <input type="checkbox"/> Married, Filing separately		c. <input type="checkbox"/> Part-Year Resident *										

**8. Homestead Status**

Check here if the taxable value of your homestead includes unoccupied farmland classified as agricultural by your assessor.

9. <b>Homeowners:</b> Enter the 2013 taxable value of your homestead (see p. 27). <b>If you did not check box 8 above and your taxable value is greater than \$135,000, STOP; you are not eligible.</b>			
<b>Farmers:</b> enter your taxable value including your homestead and unoccupied farmland .....	9.	00	
10. Property Taxes levied on your home for 2013 (see p. 24) or amount from line 51, 56 and/or 57.....	10.	00	
11. <b>Renters:</b> Enter rent you paid for 2013 from line 53 and/or 55 .....	11.	00	
12. Multiply line 11 by 20% (0.20).....	12.	00	
13. <b>Total.</b> Add lines 10 and 12 .....	13.	00	

**TOTAL HOUSEHOLD RESOURCES. Include income from both spouses. If married, filing separately, see Form 5049 at www.michigan.gov/treasury**

14. Wages, salaries, tips, sick, strike and SUB pay, etc.....	14.			21. Social Security, SSI, and/or railroad retirement benefits...	21.		
15. All interest and dividend income (including nontaxable interest).....	15.	00		22. Child support and foster parent payments.....	22.	00	
16. Net business income (including net farm income). If negative enter "0"	16.	00		23. Unemployment compensation.....	23.	00	
17. Net royalty or rent income. If negative enter "0".....	17.	00		24. Gifts or expenses paid on your behalf.....	24.	00	
18. Retirement pension, annuity, and IRA benefits.....	18.	00		25. Other nontaxable income Describe: _____	25.	00	
19. Capital gains less capital losses, (see p. 28).....	19.	00		26. Workers'/veterans' disability compensation/pension benefits	26.	00	
20. Alimony and other taxable income Describe: _____	20.	00		27. FIP and other DHS benefits (Do not include food assistance)	27.	00	
28. <b>SUBTOTAL.</b> Add lines 14 through 27 .....				<b>SUBTOTAL</b>	28.	00	

Filer's Social Security No.

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29. Enter subtotal from line 28, page 1.....			29.	00
30. Other adjustments (see p. 29). Describe: _____	30.			00
31. Medical insurance/HMO premiums you paid for you and your family (see p. 29) .....	31.			00
32. Add lines 30 and 31.....	32.			00
33. <b>TOTAL HOUSEHOLD RESOURCES.</b> Subtract line 32 from line 29. <b>If more than \$50,000, STOP; you are not eligible for this credit.</b> .....	33.			00
34. Multiply line 33 by 3.5% (0.035) or by the percent in Table 2 (see p. 29). If negative, enter "0".....	34.			00
35. Subtract line 34 from line 13 and enter the amount here. If line 34 is more than line 13, enter "0" and <b>STOP; you are not eligible for this credit. All others continue to Part 1.</b> .....	35.			00

**PART 1: ALLOWABLE COMPUTATION** Complete one of the sections below, either A, B, or C (see instructions).

**A. SENIOR CLAIMANTS (if you checked box 5a)**

36. Enter amount from line 35.....			36.	00
37. Percentage from Table A (see p. 29) that applies to the amount on line 33.....	37.			%
38. Multiply line 36 by line 37. Enter amount here and on line 42 (maximum \$1,200).....	38.			00

**B. DISABLED CLAIMANTS (if you checked box 5b)**

39. Enter amount from line 35 here and on line 42 (maximum \$1,200).....			39.	00
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**C. ALL OTHER CLAIMANTS**

40. Enter amount from line 35.....			40.	00
41. Multiply amount on line 40 by 60% (0.60). Enter amount here and on line 42 (maximum \$1,200).....	41.			00

**PART 2: PROPERTY TAX CREDIT CALCULATION** All filers must complete this section.

42. Enter amount from line 38, 39 or 41, or from Worksheet 3 (see p. 30) for <b>FIP/DHS recipients</b> .....			42.	00
43. Percentage from Table B (see p. 30) that applies to the amount on line 33.....	43.			%
44. <b>PROPERTY TAX CREDIT.</b> Multiply amount on line 42 by percentage on line 43. Enter amount here and if you file an MI-1040, carry this amount to MI-1040, line 25.....	44.			00

**Note: Seniors who pay rent, complete Worksheet 4 on page 30 of the MI-1040 book and enter amount from worksheet on line 44 (maximum \$1,200).**

Continue on page 3. This form cannot be processed if pages 2 and 3 are not complete and attached.

Filer's Social Security No. — —

**PART 3: HOMEOWNERS WHO MOVED IN 2013.** Report on lines 45 and 46 the addresses of the homesteads for which you are claiming a credit. **Homesteads with a taxable value greater than \$135,000 are not eligible for this credit.**

45. Address where you lived on December 31, 2013, if different than reported on line 1.	Taxable Value
46. Address of homestead sold (moved from) during 2013 (Number, Street, City, ZIP Code).	Taxable Value

**Homeowners who moved during 2013, complete lines 47 through 51.**

47. Number of days occupied (total cannot be more than 365).....	<b>HOMESTEAD</b>	
48. Divide line 47 by 365 and enter percentage here .....	A. Moved Into	B. Moved From
49. Property taxes levied for calendar year 2013 .....	%	%
50. Prorated property taxes. Multiply line 49 by the percentages on line 48 .....		
51. Taxes eligible for credit. Add line 50, columns A and B. Enter here and on line 10 .....	51.	00

**PART 4: RENTERS (Do not include Alternate Housing Facility information, see Part 5.)**

52. A Address of Homestead You Rented (Number, Street, Apt. #, City, ZIP Code)	B Landowner's Name and Address (City, State and ZIP Code)	C # Months Rented	D Monthly Rent	E Total Rent Paid Less Mobile Home Taxes
53. Total rent you paid (not more than 12 months). Add total rent for each period. Enter here and on line 11.....				53. 00

**PART 5: ALTERNATE HOUSING FACILITIES**

54. If you lived in one of these types of facilities for all or part of 2013, check the appropriate box and see instructions.

- a.  Subsidized Housing: complete line 55. Enter result on line 11.      b.  Service Fee Housing: complete lines 55 and 56.

55. Enter the total rent you paid in 2013 while a resident of an Alternate Housing Facility. Do not include amounts paid on your behalf by a government agency ..... 55.   00

56. If you checked box 54b, multiply line 55 by 10% (0.10) (see instructions). Enter here and on line 10 ... 56.   00

57. **Special Housing:** If you lived in one of these types of facilities for all or part of 2013, check the appropriate box (see instructions).

- a.  Cooperative Housing      b.  Home for the Aged      c.  Nursing Home  
 d.  Adult Foster Care Home      e.  Paid Room and Board

Enter your prorated share of taxes from the type of facility checked on line 57 here and on line 10. .... 57.   00

58. Name and Address (including city, state and zip code) of Housing Facility, Landowner, or Care Facility if you completed Part 5

<b>DIRECT DEPOSIT</b> Deposit your refund directly to your financial institution! See page 11 and complete a, b and c.	a. Routing Transit Number	b. Account Number	c. Type of Account
			1. <input type="checkbox"/> Checking      2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2012, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2013 (MM-DD-YYYY)

Filer	— —	Spouse	— —	<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.
				Preparer's PTIN, FEIN or SSN

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date	Preparer's Business Name (print or type)
Spouse's Signature	Date	Preparer's Business Address (print or type)

By checking this box, I authorize Treasury to discuss my return with my preparer.

If you are also filing Form MI-1040, attach this form behind it. If not, mail this form to: **Michigan Department of Treasury, Lansing, MI 48956**